

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Required)
RECEIVED
APR 05 2011



Permit #: 17-00660
Date: 4-10-17
Amount Paid: \$450 4-5-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY Bayfield Co. Zoning Dept

Bayfield Co. Zoning Dept

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: TATACIA HORD	Mailing Address: 31 SUMMER HILLS RD MARATHO, MN 56001	City/State/Zip: MARATHO, MN 56001	Telephone: 507-995-8318
Address of Property: 46685 ECHO BUNT LN.	City/State/Zip: CABLE, WI 54821		Cell Phone:
Contractor: TATACIA HORD	Contractor Phone: 507-995-8318	Plumber: RASMUSSEN & SONS	Plumber Phone: 715-798-3355
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: SE 1/4, NE 1/4	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits): 16985	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 879 R. 382
Gov't Lot	Lot(s)	CSM	Vol & Page
Lot(s)	CSM	Vol & Page	Lot(s) No.
Block(s) No.	Subdivision:	Lot Size APPEX. 200 X 225	Acreage 1 +
Section 34 , Township 44 N, Range 6 W	Town of: Grand Union		
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--Continue →	Distance Structure is from Shoreline: APPEX. 105 + feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake/Pond or Flowage If Yes--Continue →	Distance Structure is from Shoreline: APPEX. 105 + feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$ 150,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: CONVENTIONAL	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: CONVENTIONAL	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 58'	Width: 20'	Height: 14'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	(20 X 98)	960
<input checked="" type="checkbox"/> Residence (i.e. Cabin) hunting shack, etc.)	<input type="checkbox"/>	(20 X 98)	960
<input type="checkbox"/>	<input type="checkbox"/>	(20 X 98)	960
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> with a Porch	(20 X 58)	464
<input type="checkbox"/>	<input type="checkbox"/> with (2nd) Porch	(10 X 30)	300
<input type="checkbox"/>	<input type="checkbox"/> with a Deck	(10 X 30)	300
<input type="checkbox"/>	<input type="checkbox"/> with (2nd) Deck	(10 X 30)	300
<input type="checkbox"/>	<input type="checkbox"/> with Attached Garage	(10 X 30)	300
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(10 X 30)	300
<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date)	(10 X 30)	300
<input type="checkbox"/>	<input type="checkbox"/> Addition/Alteration (specify) _____	(10 X 30)	300
<input type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify) _____	(10 X 30)	300
<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(10 X 30)	300
<input type="checkbox"/>	<input type="checkbox"/> Special Use: (explain) _____	(10 X 30)	300
<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain) _____	(10 X 30)	300
<input type="checkbox"/>	<input type="checkbox"/> Other: (explain) _____	(10 X 30)	300

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Tatacia H. Hord Date 4-3-17

(If there are Multiple Owners listed on the Deed All Owners must sign & letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

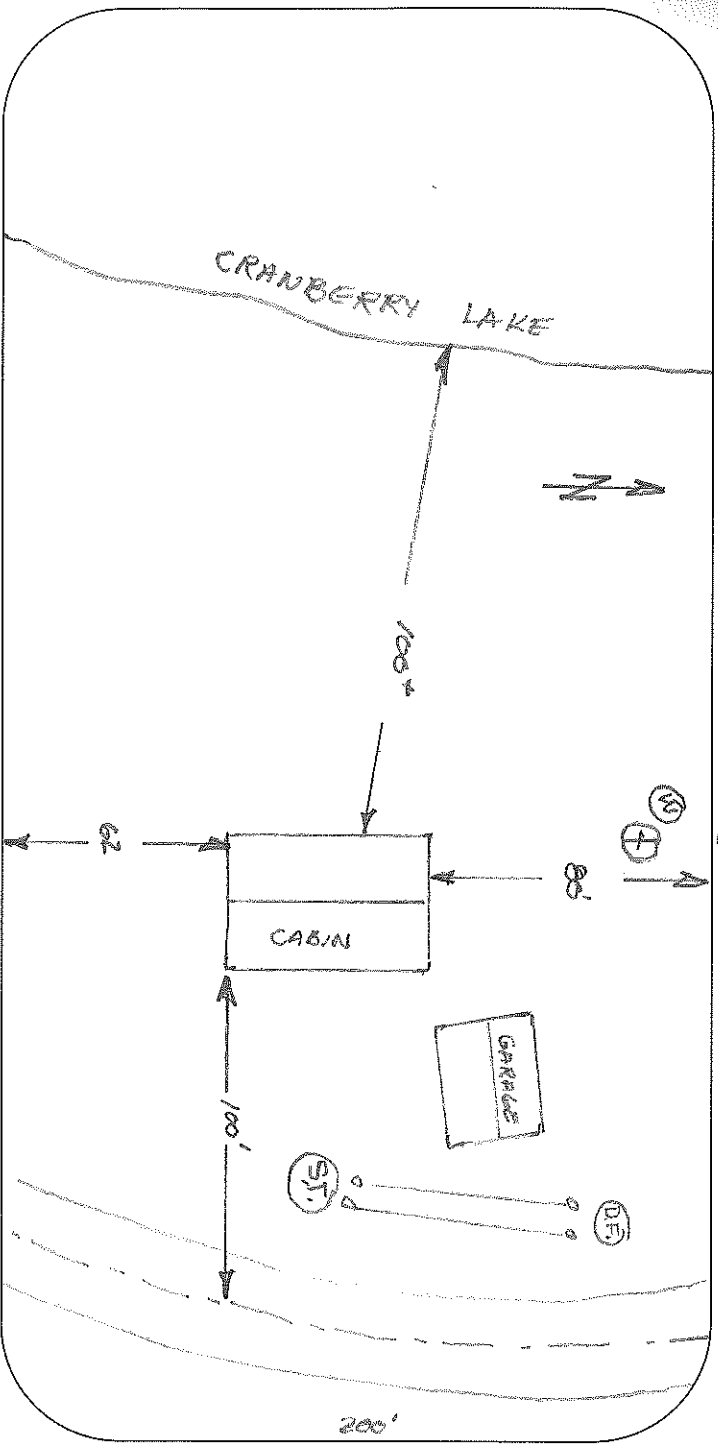
Address to send permit 46685 Echo Bunt Ln, Cable, WI 54821

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
DIFFERENT NAME THAN ON TAX STATEMENT 4-6-17

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	100' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	80 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	62 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	44 Feet	Setback to Well	39 Feet
Setback to Drain Field	55 Feet		
Setback to Privy (portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: <u>164475</u>	# of bedrooms:	Sanitary Date: <u>11-2-16</u>
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>17-00060</u>	Permit Date: <u>4-10-17</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:	<u>OK</u>		
Date of Inspection: <u>4-6-17</u>	Inspected by: <u>gmc</u>	Zoning District (<u>21</u>) Lakes Classification (<u>3</u>)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (if No they need to be attached.) <u>Must get noc permit.</u>			
Signature of Inspector: <u>gmc</u>		Date of Approval: <u>4-6-17</u>	
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____

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Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DEPT. OF PUBLIC WORKS
APR 05 2011
Bayfield Co. Zoning Dept.

ENTERED Permit #: 17-00067
Date: 4-10-17
Amount Paid: \$75 45-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: <u>PATRICIA HORD</u>	Mailing Address: <u>21 SUMMER HILLS RD</u>	City/State/Zip: <u>CHAILE, WI. 54821</u>	Telephone: <u>507-995-8370</u>						
Address of Property: <u>44685 ECHO TOWN LN.</u>			Cell Phone:						
Contractor: <u>PATRICIA HORD</u>	Contractor Phone: <u>507-995-8370</u>	Plumber: <u>RAMON OSSEO & SON</u>	Plumber Phone: <u>715-790-3355</u>						
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>PATRICIA HORD</u>	Agent Phone: <u>507-995-8370</u>	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
PROJECT LOCATION: <u>SE 1/4, NE 1/4</u>	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits) <u>16985</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>897</u> R. <u>382</u>						
<u>SE 1/4, NE 1/4</u>	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size <u>APPROX. 2.00 X 2.25</u>	Acreage <u>1</u>
Section <u>34</u> , Township <u>44</u> N, Range <u>6</u> W	Town of: <u>GRAND VILLE</u>								
<input checked="" type="checkbox"/> Shoreland <u>→</u>	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u>	If Yes--continue <u>→</u>	Distance Structure is from Shoreline: <u> </u> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of (Lake/Pond or Flowage) If Yes--continue <u>→</u>		Distance Structure is from Shoreline: <u>APPROX. 105</u> feet						

Value at Time of Completion * include donated time & material <u>\$ 13,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>SEW. V.</u>	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>SEW. V.</u>		<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u> </u>			
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>24</u>	Width: <u>28</u>	Height: <u>10</u>
Proposed Construction:	Length: <u>24</u>	Width: <u>28</u>	Height: <u>10</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u> </u>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u>)	
	<u>with Loft</u>	(<u> </u>)	
	<u>with a Porch</u>	(<u> </u>)	
	<u>with (2nd) Porch</u>	(<u> </u>)	
	<u>with a Deck</u>	(<u> </u>)	
	<u>with (2nd) Deck</u>	(<u> </u>)	
<input type="checkbox"/> Commercial Use	<u>with Attached Garage</u>	(<u> </u>)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>gr</u> <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u>)	
	Mobile Home (manufactured date) <u> </u>	(<u> </u>)	
	Addition/Alteration (specify) <u> </u>	(<u> </u>)	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) <u>CARPORT</u>	(<u>24 X 28</u>)	<u>672</u>
	Accessory Building Addition/Alteration (specify) <u> </u>	(<u> </u>)	
	Special Use: (explain) <u> </u>	(<u> </u>)	
	Conditional Use: (explain) <u> </u>	(<u> </u>)	
	Other: (explain) <u> </u>	(<u> </u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

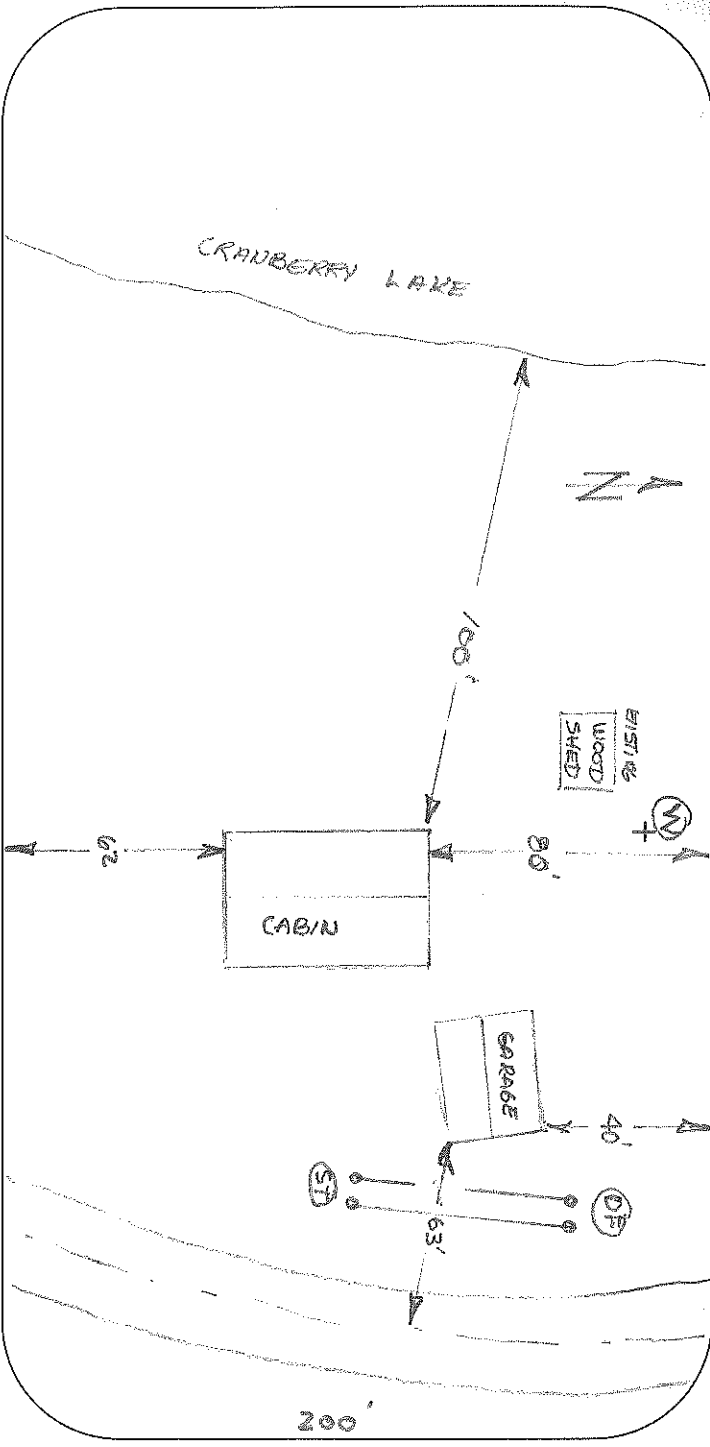
Owner(s): Patricia H. Hord Date 4-3-17
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Date
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 4405 Echo Town Ln, Chaile WI 54821
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

NEED APPROVAL 4-10-17

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	63 Feet	Setback from the Lake (ordinary high-water mark)	170 ⁺ Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	40 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	132 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	140 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	90 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	62 Feet
Setback to Drain Field	18 Feet		
Setback to Privy (Portable, Composting)	Feet		

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Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

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NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0067		Permit Date: 4-16-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection:	4-6-17	Inspected by:	[Signature]			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)						
Not for human habitation						
Signature of Inspector: [Signature]		Date of Approval: 4-6-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		